

030400410000

Complete your federal return first

X Mark if this is your first return or if your address is different than your last return

OFFICIAL USE ONLY

Personal information

Mark if

X

Amended return

X

Filing for a deceased taxpayer

Your social security number

999-99-9999

Spouse's social security number

999-99-9999

Your daytime phone number

999-999-9999

Your first name

AAAAAAAAAAAAAAAA

M.I.

A

Last name

AAAAAAAAAAAAAAAA

Spouse's first name (enter name whether filing separately or jointly)

AAAAAAAAAAAAAAAA

M.I.

A

Last name

AAAAAAAAAAAAAAAA

Home address (number and street) If foreign address use Schedule S.

99999AAAAAAAAAAAAAAAAAAAA

Apartment number

99AAA

AAAAAAAAAAAAAAAAAAAA

City

AAAAAAAAAAAAAAAA

State

AA

Zipcode

99999-9999

Enter your dependents' information on Schedule S.

Filing status

Mark only one

1

X Single

X Married filing jointly

X Married filing separately

X Dependent claimed by someone else

X Married filing separately on same return Enter combined amounts for lines 3 through 43. Attach Calculation J.

X Head of household Enter the name of qualifying dependent or non-dependent on Schedule S. Attach Schedule S.

2

Mark if you are

X Part-year resident

Number of months of DC residency: 99

Income

Information

Copy the amounts for lines 3 -12 from your federal return.

Some income lines on your federal return may not need to be copied.

Round cents to the nearest dollar.

If amount is zero, leave the line blank.

3 Wages, salaries, tips, unemployment compensation, etc.

3

\$ 99999999.00

4 Taxable interest

4

\$ 99999999.00

5 Ordinary dividends

5

\$ 99999999.00

6 Business income or loss Attach copy of federal Schedule C, C-EZ or F.

Mark if loss: X

6

\$ 99999999.00

Federal employer ID 99-9999999

7 Capital gain or loss Attach copy of federal Schedule D.

Mark if loss: X

7

\$ 99999999.00

8 Rental real estate, royalties, partnerships, S corporations, trusts, etc.

Mark if loss: X

8

\$ 99999999.00

Attach copy of federal Schedule E.

9 Other income From 1040, line 21.

Mark if loss: X

9

\$ 99999999.00

10 Federal total income From 1040, line 22.

Mark if loss: X

10

\$ 99999999.00

11 Adjustments Attach copy of page 1 of 1040 or 1040A.

11

\$ 99999999.00

Computation of DC Adjusted Gross Income

12 Federal adjusted gross income From 1040, line 35; 1040A, line 21; 1040EZ, line 4.

Mark if loss: X

12

\$ 99999999.00

13 Subtractions from federal adjusted gross income From line j, Calculation A.

13

\$ 99999999.00

13a Amount you paid to (or carried over) DC college savings plan

Maximum \$6000
(for joint filers)

13a

\$ 9999.00

(part-year residents see instructions)

13b Part-year residents (information only) Enter amount from line a, Calculation A.

13b \$99999999.00

14 Add lines 13 and 13a, subtract the total from line 12, enter result.

Mark if loss: X

14

\$ 99999999.00

15 Additions to federal adjusted gross income From line h, Calculation B

15

\$ 99999999.00

16 DC adjusted gross income Add lines 14 and 15.

Mark if loss: X

16

\$ 99999999.00

Your last name and SSN

AAAAAAAAAAAAAAAAAAAA
999-99-9999

030400420000

D.C. adjusted gross income Enter adjusted gross income from line 16 (from page 1).		Mark if loss: <input checked="" type="checkbox"/>	16	\$ 999999999.00
17 Deduction type Take the same type of deduction as you took on your 1040.				
Mark which type: <input checked="" type="checkbox"/> Standard See instructions. Enter on line 18				
<input checked="" type="checkbox"/> Itemized Attach copy of federal Sch A; attach DC Sch S, enter on line 18.				
18	DC deduction amount Do not copy from federal form. For amount to enter, see instructions.	18	\$ 999999999.00	
19	Number of exemptions If more than 1 (more than 2 if filing jointly), attach Calculation G, Schedule S.	19	99	
20	Exemption amount Multiply \$1,370 by line 19. Part-year residents use Calculation H.	20	\$ 999999999.00	
21	Add lines 18 and 20.	21	\$ 999999999.00	
22	Taxable income Subtract line 21 from line 16. If line 21 is more than line 16, leave blank.	22	\$ 999999999.00	

DC tax, credits, and payments

23	Tax If line 22 is \$100,000 or less, use tax tables. If more, use Calculation I.	23	\$ 999999999.00	
Mark <input checked="" type="checkbox"/> if married filing separately on same return. Complete Calculation J on Schedule S.				
24	Out-of-state tax credit From Calculation K. State AA Attach copy of state return.	24	\$ 99999.00	
25	Credit for child and dependent care expenses Allowable federal credit 99999.00 x.32 enter >	25	\$ 99999.00	
Attach copy of federal Form 2441 or 1040A, Sch. 2; if part-year DC resident, attach DC Form D-2441.				
26	Other credits	26	\$ 99999.00	
27	DC Low Income Credit Complete Calculation L. Attach copy of 1040, 1040A or 1040EZ.	27	\$ 99999.00	
28	Total non-refundable credits Add lines 24 - 27.	28	\$ 99999.00	
29	Total tax Subtract line 28 from line 23. If line 23 is less than line 28, leave blank.	29	\$ 999999999.00	
30	Property tax credit Attach DC Schedule H.	30	\$ 99999.00	
31	DC Earned Income Tax Credit Enter your federal EIC \$ 99999.00 x .25 =	31	\$ 99999.00	
Complete Calculation L. Attach copy of federal Form 1040, 1040A, or 1040EZ.				
32	DC income tax withheld From Forms W-2 and 1099. Attach correct copies.	32	\$ 999999999.00	
33	2003 estimated income tax payments	33	\$ 999999999.00	
34	Payments made with an extension of time to file or paid with original return if this is an amended return	34	\$ 999999999.00	
Attach copy of DC Form FR-127.				
35	Total payments and refundable credits Add lines 30 - 34.	35	\$ 999999999.00	

Your refund Complete only if line 35 is more than line 29.

Amount you owe Complete only if line 35 is less than line 29.

36	Amount you overpaid Subtract line 29 from line 35.	36	\$ 999999.00	41	Tax due Subtract line 35 from line 29.	41	\$ 999999.00
37	Amount you want to apply to your 2004 estimated tax	37	\$ 999999.00	42	Contribution to the Public Trust for Drug Prevention and Children at Risk	42	\$ 999999.00
38	Contribution to the Public Trust for Drug Prevention and Children at Risk	38	\$ 999999.00	43	Total amount due Add lines 41 and 42.	43	\$ 999999.00
39	Add lines 37 and 38.	39	\$ 999999.00	Payment options			
40	Refund amount Subtract line 39 from line 36.	40	\$ 999999.00	• Attach check or money order payable to DC Treasurer			
				• To pay by credit card, call 1 800 272 9829 or visit www.officialpayments.com and enter DC jurisdiction code 6000.			

Third party designee Do you want to allow another person to discuss this return with the Office of Tax and Revenue?

Yes ☒ No ☒

If yes, enter the name and phone number of that person.

AAAAAAAAAAAAAAAAAAAA 999-999-9999

Signature

Under penalties of the law, I declare that I have examined this return and to the best of my knowledge it is correct.

Declaration of paid preparer other than taxpayer is based on all information available to the preparer.

Your signature

Date

Paid preparer's signature

Date

Spouse's signature

Date

Paid preparer's FEIN, SSN, or PTIN

Paid preparer's phone number

999999999

999-999-9999

Send your signed and completed return to: Office of Tax and Revenue, PO Box 7861, Washington, DC 20044-7861

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